

LOUISIANA
DEPARTMENT of REVENUE**Louisiana Department of Revenue
Partnership Return of Income
Declaration for Electronic Filing****2020**
LA8453-PE

Do not file paper copies. This form must be maintained by the Electronic Return Originator (ERO).

For calendar year 2020, or tax year beginning _____, 2020, ending _____, 2021

PLEASE PRINT OR TYPE

| | | | |
|----------------------------------|-------|---|--|
| Name of Partnership | | | |
| Louisiana Revenue Account Number | | Federal Employer Identification Number (FEIN) | |
| Street Address of Partnership | | Unit Type | Unit Number |
| City | State | Zip | Foreign Nation, if not United States (do not abbreviate) |

Part 1 - Return Information (*whole dollars only*)

| | | | |
|---|---|---|-----|
| 1 | Louisiana net income (or loss) from all sources with Non-Corporate Partners (Form IT-565, Schedule M, Line 4) | 1 | .00 |
| 2 | Louisiana net income (or loss) with Non-Corporate Partners (Form IT-565, Schedule P, Line 27) | 2 | .00 |
| 3 | Louisiana net income (or loss) from all source with Corporate Partners (Form IT-565, Schedule Q, Line 4) | 3 | .00 |
| 4 | Louisiana net income (or loss) with Corporate Partners (Form IT-565, Schedule S, Line 27) | 4 | .00 |

Part II - Declaration of Officer (*Sign only after Part I is completed.*)

Under penalties of perjury, I declare that I am a partner or member of the above entity and that the information that I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part 1 above agree with the amounts on the corresponding lines of the Louisiana 2020 Partnership Return of Income. To the best of my knowledge and belief, the partnership return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the partnership return, this declaration, accompanying schedules, and statements to the Louisiana Department of Revenue. I also consent to the Louisiana Department of Revenue sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the partnership return is accepted, and, if rejected, the reason(s) for the rejection.

I authorize a representative of the Louisiana Department of Revenue to discuss my return and attachments with my preparer.

| | | |
|----------------------------------|-------------------|-------|
| Signature of Officer X | Date (mm/dd/yyyy) | Title |
|----------------------------------|-------------------|-------|

Part III - Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above partnership return and that the entries on LA8453-PE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. A partner or member of the entity will have signed this form before I submit the return. I will give the partner or member a copy of all forms and information to be filed with the Louisiana Department of Revenue, and have followed all other requirements in Pub. 3112, IRS E-file Application and Participation, and Pub. 4163, Modernized E-File Information for Authorized IRS E-Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above partnership return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

| | | | | |
|--|-------------------|--|---|-------------------|
| ERO'S Signature | Date (mm/dd/yyyy) | <input type="checkbox"/> Check if also paid preparer | <input type="checkbox"/> Check if self-employed | ERO's SSN or PTIN |
| Firm's Name (<i>or yours if self-employed</i>) | | | | FEIN |
| City | State | ZIP | Phone Number | |

Paid Preparer's Use only

| | | | | |
|--|-------------------|---|------------------------|------|
| Preparer's Signature | Date (mm/dd/yyyy) | <input type="checkbox"/> Check if self-employed | Preparer's SSN or PTIN | |
| Firm's Name (<i>or yours if self-employed</i>) | | | | FEIN |
| City | State | ZIP | Phone Number | |